



CITY OF SOMERVILLE, MASSACHUSETTS
OFFICE OF STRATEGIC PLANNING & COMMUNITY DEVELOPMENT
JOSEPH A. CURTATONE
MAYOR

DIVISION OF INSPECTIONAL SERVICES

BUILDING DEPARTMENT

I, Kelly A Como, as Keeper of the Records for the City of Somerville, Mayors Office of Strategic Planning and Community Development, Inspectional Services Division, hereby certify that the documents herewith are true and accurate copies of documents in the custody of the Inspectional Services Division relative to the following property:

255 WASHINGTON ST.

3 copies

Signed under the pains and penalties of perjury, this 23 day of NOV, 2011.

Kelly A Como
Signature

Kelly A Como
Print Name



DPW • 1 FRANEY RD • SOMERVILLE, MASSACHUSETTS 02145
(617) 625-6600 EXT. 5600 • TTY: (617) 666-0001 • FAX: (617) 666-2624
www.somervillema.gov



CITY OF SOMERVILLE
DIVISION OF INSPECTORIAL SERVICES
 APPLICATION FOR A PERMIT TO BUILD/ALTER/REPAIR
 IN ACCORDANCE WITH SECTION 110.0
 OF THE MASSACHUSETTS STATE BUILDING CODE
 PLEASE TYPE OR PRINT CLEARLY IN INK

FOR OFFICE USE ONLY
 FEE: 6-11-10
 DATE REC'D: 6-11-10
 ACCEPTED BY: hult
 DATE ISSUED: 6-11-10
 DATE DENIED:
 PERMIT NO. 20216-5961

1. LOCATION OF PROPERTY (NO. AND STREET)	<u>255 WASHINGTON ST</u>			MAP <u>73</u> BLOCK <u>E</u> LOT <u>24</u>																																				
2. NAME AND ADDRESS OF PROPERTY OWNER	<u>HENRY PATTERSON 260 ELSTON ST. Natick 01760</u>																																							
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER	<u>K-PATNER BROS. BLDG.</u>																																							
REGISTRATION NUMBER	TELEPHONE																																							
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER	<u>JOHN BENJAMIN A. DAICE</u>			TELEPHONE <u>617 947 7703</u>																																				
CONST. SUPER. LIC. NO. <u>091999</u>	HIC REG. NO.	SIGNATURE (REQ'D) <u>DAICE</u>																																						
5. ZONING DIST. <u>CBD</u>	TYPE OF PERMIT:	<input type="checkbox"/> NEW	<input type="checkbox"/> ADDITION	<input type="checkbox"/> CERTIFICATE OF OCCUPANCY																																				
6. WARD <u>2</u>		<input type="checkbox"/> REPAIR	<input type="checkbox"/> DEMOLITION	<input checked="" type="checkbox"/> ALTERATION <input type="checkbox"/> OTHER																																				
7. CURRENT USE(S) <u>13</u>	PROPOSED USE(S)	<u>SALE</u>																																						
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS				USE GROUP																																				
9. ESTIMATED CONSTRUCTION COST <u>\$3,000</u>																																								
10. WHAT IS THE CONSTRUCTION TYPE? <u>III</u>	FRONT YARD	REAR YARD	RIGHT SIDE	LEFT SIDE																																				
11. LOT DIMENSIONS AREA	FRONT YARD <u>0</u>	REAR YARD <u>0</u>	RIGHT SIDE <u>0</u>	LEFT SIDE <u>0</u>																																				
12. PROPOSED SETBACKS <u>0</u>	FRONT YARD <u>0</u>	REAR YARD <u>0</u>	RIGHT SIDE <u>0</u>	LEFT SIDE <u>0</u>																																				
13. HEIGHT OF STRUCTURE (FT) <u>25'</u>	TOTAL SQUARE FOOTAGE			NUMBER OF STORIES <u>1</u>																																				
14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																																								
IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER																																								
15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, GIVE COMMISSION APPROVAL DATE																																							
16. WASTE DISPOSAL COMPANY <u>DAY TIME DISPOSAL</u>	DISPOSAL SITE ADDRESS <u>CHARLES ST</u>																																							
17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO																																								
DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION (DO NOT INDICATE "SEE ATTACHED PLANS," PLEASE BE SPECIFIC)																																								
<p><u>NEW EXTERIOR AWNINGS - LETTERS OF PERMISSION INCLUDED</u></p> <p><u>AWNING #1 LETTERED "RONNARONG" 8x8x4'</u></p> <p><u>AWNING #2 LETTERED "TRI-LEVEL LAW" 12' W x 4' H x 1'</u></p> <p><u>-20 SF of signage -</u></p>																																								
<p>ARE THE FOLLOWING INCLUDED?</p> <table border="1"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>OCCUPYING STREET OR SIDEWALK</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>DUMPSTER ON CITY PROPERTY</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>ELECTRICAL</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>PLUMBING/GAS/FITTING</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>HEATING (Mechanical)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>OIL STORAGE</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>AIR CONDITIONING</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>PUBLIC WATER/SFWER</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>FIRE SUPPRESSION (Mechanical)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>FIRE DETECTION</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>WOOD BURNING APPLIANCE</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table> <p>NOTES: 1. REQUIRES SEPARATE PERMIT NOTES: 2. HEAT LOSS INFO REQUIRED NOTES: 3. STAMPED PLAN REQUIRED</p>						YES	NO	OCCUPYING STREET OR SIDEWALK	<input type="checkbox"/>	<input type="checkbox"/>	DUMPSTER ON CITY PROPERTY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	PLUMBING/GAS/FITTING	<input type="checkbox"/>	<input type="checkbox"/>	HEATING (Mechanical)	<input type="checkbox"/>	<input type="checkbox"/>	OIL STORAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AIR CONDITIONING	<input type="checkbox"/>	<input type="checkbox"/>	PUBLIC WATER/SFWER	<input type="checkbox"/>	<input type="checkbox"/>	FIRE SUPPRESSION (Mechanical)	<input type="checkbox"/>	<input type="checkbox"/>	FIRE DETECTION	<input type="checkbox"/>	<input type="checkbox"/>	WOOD BURNING APPLIANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																																						
OCCUPYING STREET OR SIDEWALK	<input type="checkbox"/>	<input type="checkbox"/>																																						
DUMPSTER ON CITY PROPERTY	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																						
ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>																																						
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WOOD BURNING APPLIANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																						
I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO THE BEST OF MY KNOWLEDGE.																																								
<p>Signature of Owner or Authorized Agent <u>JOHN BENJAMIN A. DAICE</u></p> <p>Print name clearly <u>JOHN BENJAMIN A. DAICE</u></p> <p>Street <u>105 CENTRAL ST</u></p> <p>City <u>SOMERVILLE MA 02115</u></p> <p>State <u>MA</u></p> <p>Zip <u>02115</u></p> <p>Phone number where you can be reached - days <u>617 947 7703</u></p> <p>APPROVED <u>JOHN BENJAMIN A. DAICE</u></p> <p>Inspectors Name and Title <u>JOHN BENJAMIN A. DAICE</u></p>																																								



CITY OF SOMERVILLE
DIVISION OF INSPECTIONAL SERVICES
APPLICATION FOR A PERMIT TO BUILD ALTER REPAIR
IN ACCORDANCE WITH SECTION 110.0
OF THE MASSACHUSETTS STATE BUILDING CODE
PLEASE TYPE OR PRINT CLEARLY IN INK

11116

FOR OFFICE USE ONLY

FEE: \$ 702
DATE REC'D: 2-1-16
ACCEPTED BY: h. 15
DATE ISSUED: 2-1-16
DATE DENIED:
PERMIT NO: PP-16-5236

1. LOCATION OF PROPERTY (NO. AND STREET) <u>255 WASHINGTON</u>		MAP <u>M</u> BLOCK <u>D</u> LOT <u>5</u>
2. NAME AND ADDRESS OF PROPERTY OWNER <u>BELMONT HILL ACACIA 10 WY 187 SYLVE MA</u>		
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER <u>N/A</u>		
REGISTRATION NUMBER		TELEPHONE
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER <u>BOB DIAZ 110 CENTRAL ST SOMERVILLE</u>		TELEPHONE: <u>617 947 703</u>
CONST. SUPER. LIC. NO. <u>07099</u>		H.I.C. REG. NO. <u>152707</u> SIGNATURE (REQ'D) <u>Bob</u>
5. ZONING DIST. <u>CD</u>	TYPE OF PERMIT: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> CERTIFICATE OF OCCUPANCY	
6. WARD <u>2</u>	<input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLITION <input checked="" type="checkbox"/> ALTERATION <input type="checkbox"/> OTHER	
7. CURRENT USE(S) <u>BANK/MAIL-UP</u>		PROPOSED USE(S) <u>BICYCLES SUPPLY</u>
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS		USE GROUP <u>B</u>
9. ESTIMATED CONSTRUCTION COST <u>\$17,500.00</u>		
10. WHAT IS THE CONSTRUCTION TYPE?		PLANS SUBMITTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
11. LOT DIMENSIONS	AREA <u>196</u>	FRONT YARD <u>14</u> REAR YARD <u>14</u> RIGHT SIDE <u>14</u> LEFT SIDE <u>14</u>
12. PROPOSED SETBACKS		FRONT YARD <u>-</u> REAR YARD <u>-</u> RIGHT SIDE <u>-</u> LEFT SIDE <u>-</u>
13. HEIGHT OF STRUCTURE (FT.) <u>20'</u>	TOTAL SQUARE FOOTAGE <u>196 ft</u> NUMBER OF STORIES <u>1</u>	
14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER		
15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, GIVE COMMISSION APPROVAL DATE		
16. WASTE DISPOSAL COMPANY <u>BAWATE DISposal</u>		DISPOSAL SITE ADDRESS <u>EVERETT, MA</u>
17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION (DO NOT INDICATE "SEE ATTACHED PLANS," PLEASE BE SPECIFIC)		
<u>INTENAL RENOVATION OF ONE STORY COMMERCIAL RETAIL SPACE.</u>		
<u>DEMOLISH WALLS, RE-WIRE FOR OUTLET & LIGHTING & TELE.</u>		
<u>RECASTER W THICK 5/8" FOR ONE-HOUR FIRE RATING.</u>		
<u>RESTORE EXISTING FLOOR & TIN CEILING.</u>		
ARE THE FOLLOWING INCLUDED?		
I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO THE BEST OF MY KNOWLEDGE.		



CITY OF SOMERVILLE
DIVISION OF INSPECTIONAL SERVICES
APPLICATION FOR A PERMIT TO BUILD ALTER REPAIR
IN ACCORDANCE WITH SECTION 110.0
OF THE MASSACHUSETTS STATE BUILDING CODE
PLEASE TYPE OR PRINT CLEARLY IN INK

CR# 1792

FOR OFFICE USE ONLY

FEE: 1178.00
DATE REC'D: 9/13/11
ACCEPTED BY: JA
DATE ISSUED: 9/13/11
DATE DENIED:
PERMIT NO.: BP-11-8139

1. LOCATION OF PROPERTY (NO. AND STREET) <u>255 WASHINGTON ST/19 SANBORN MAP 73</u>				BLOCK <u>E</u>	LOT <u>24</u>
2. NAME AND ADDRESS OF PROPERTY OWNER <u>KEENES BROS REALTY TRUST</u>					
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER <u>ALFREDO J. CASSE</u> REGISTRATION NUMBER <u>10708</u> TELEPHONE <u>617 733 2711</u>					
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER <u>BENJAMIN G. DIAZ</u> TELEPHONE <u>617 917 2703</u> CONST. SUPER. LIC. NO. <u>092999</u> H.I.C. REG NO. <u>152707</u> SIGNATURE (REQ'D) <u>JD</u>					
5. ZONING DIST. <u>CBD</u>	TYPE OF PERMIT: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> CERTIFICATE OF OCCUPANCY				
6. WARD <u>2</u>	<input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> OTHER				
7. CURRENT USE(S) <u>B (OFFICE)</u>	PROPOSED USE(S) <u>B (OFFICE) (1)</u>				
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS <u>1</u> USE GROUP <u>B</u>					
9. ESTIMATED CONSTRUCTION COST <u>62000.00</u>					
10. WHAT IS THE CONSTRUCTION TYPE? <u>IF</u> PLANS SUBMITTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
11. LOT DIMENSIONS AREA <u>11000 SF</u> FRONT YARD <u>10'</u> REAR YARD <u>10'</u> RIGHT SIDE <u>110'</u> LEFT SIDE <u>10'</u>					
12. PROPOSED SETBACKS <u>NC</u> FRONT YARD REAR YARD RIGHT SIDE LEFT SIDE					
13. HEIGHT OF STRUCTURE (FT.) <u>27'</u> TOTAL SQUARE FOOTAGE <u>18000 SF</u> NUMBER OF STORIES <u>1</u>					
14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER <u>DB # 7011-09</u>					
15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, GIVE COMMISSION APPROVAL DATE					
16. WASTE DISPOSAL COMPANY <u>TIGER, MAIDEN MA</u> DISPOSAL SITE ADDRESS <u>CAMPBELL TRAIL</u>					
17. DEMOLITION: HAS DEPT. NOTIFICATION BEEN COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO					

DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION

(DO NOT INDICATE "SEE ATTACHED PLANS," PLEASE BE SPECIFIC)

AN ALTERATION OF AN EXISTING 1203 S.F. COMMERCIAL SPACE FROM OFFICE TO A RESTAURANT SPACE WITH A DECK ON THE UNDER 14'. NEW INTERIOR NON-BEARING PARTITIONS; PLUMBING, WIRING & FINISH WORK. NEW & ADDITIONAL FIRE ALARMS, CONTROL & HOUR FILE SEPARATION. NO EXTERIOR WORK. NO GAS FITTING OR KITCHEN CONSTRUCTION. ELECTRICAL WORK TO BE RUN FROM 200A 30A 50A 32A WIRE TRANSFORMER INSTALLED & INSPECTED (LOAD & LOAD CALCULATION) TO BE SUBMITTED TO ELECTRICAL INSPECTOR.

ARE THE FOLLOWING INCLUDED?

YES NO

OCCUPYING STREET OR SIDEWALK (1)

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO THE BEST OF MY KNOWLEDGE.